

Name
in
Full

CERTIFICATE OF DEATH

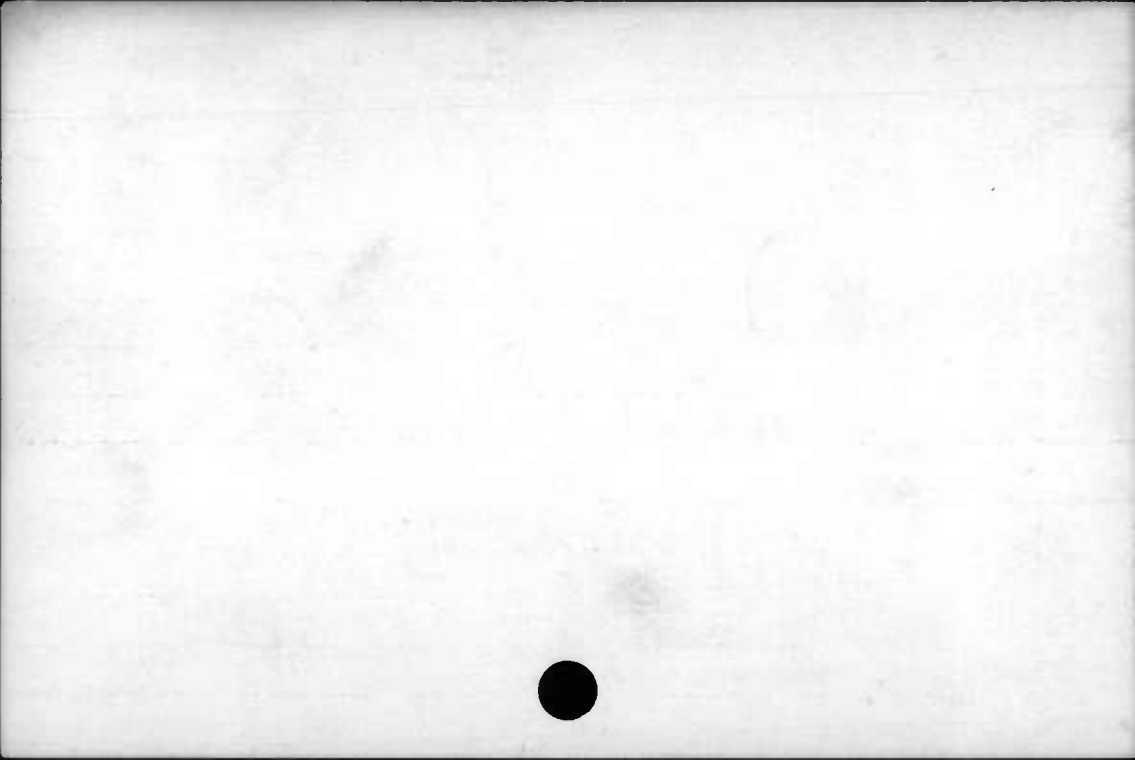
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Miss Martha Boswell</i>		Town <i>Accokeek</i>		County <i>Prince Georges</i>		State <i>MARYLAND</i>	
Died at <i>Accokeek</i>		Month <i>10</i>		Day <i>19</i>		Age <i>60</i>	
Date of death 190 <i>3</i>		Years <i>19</i>		Months <i>6</i>		Days <i>0</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Chas. Co. Md.</i>			
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>F. A. Boswell</i>		Father's Birthplace <i>Md</i>		<i>177</i>			
Mother's Maiden Name <i>Lucinda Boswell</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>H. H. Berry</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Stroke</i>		How long <i>2 yrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. S. Hart</i>	
		Address <i>Fiscatanapp. Md.</i>	
Accident or Suicide?			



Name
in
Full

B. B. Brashear M. D.

CERTIFICATE OF DEATH

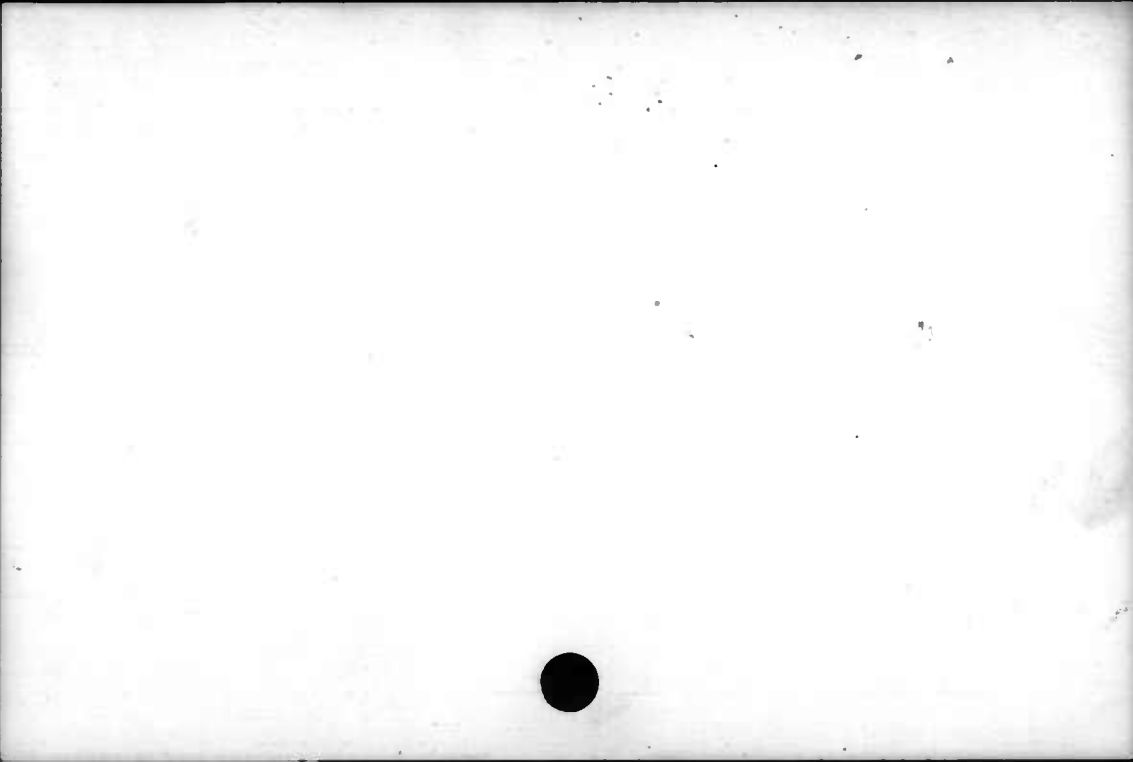
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Marlboro</i>		Town <i>Prince George's</i>		County		MARYLAND	
Date of death 190 <i>3</i>		Month <i>10</i>		Day <i>2</i>		Age <i>83</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Retired Physician</i>					
Name of Wife or Husband <i>Deceased</i>							
Father's Name <i>Otho Brashear</i>		Father's Birthplace <i>Brownsville Pa</i>					
Mother's Maiden Name <i>Hannah Colvin</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Mrs. Emogen Oakley</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Plumaine Poison</i>	How long <i>3 days</i>
Immediate <i>Enteric - Colitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
<i>Mareen Stumes M.D.</i>	Address <i>Upper Marlboro Md.</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Brown

Died at Seat Pleasant Prince George MARYLAND

Date 1903 Oct 16 Y. M. D. Native of Md Occupation

Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband
of
Wife

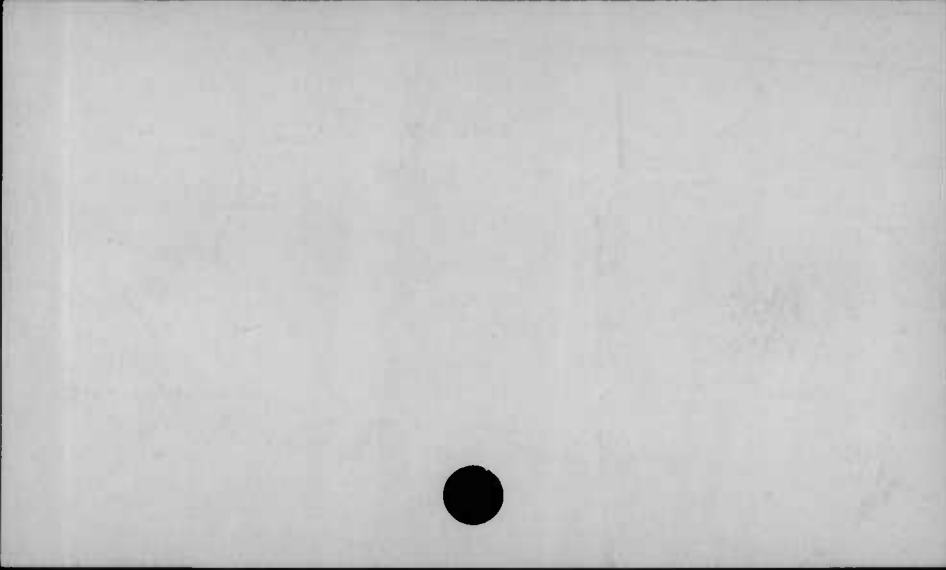
Father's Name Thomas Brown Mother's Name Katie Coats

Cause of Death { Primary Still Born How long sick
 Immediate Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infant of
Wm Butler & Josephine Butler

CERTIFICATE OF DEATH

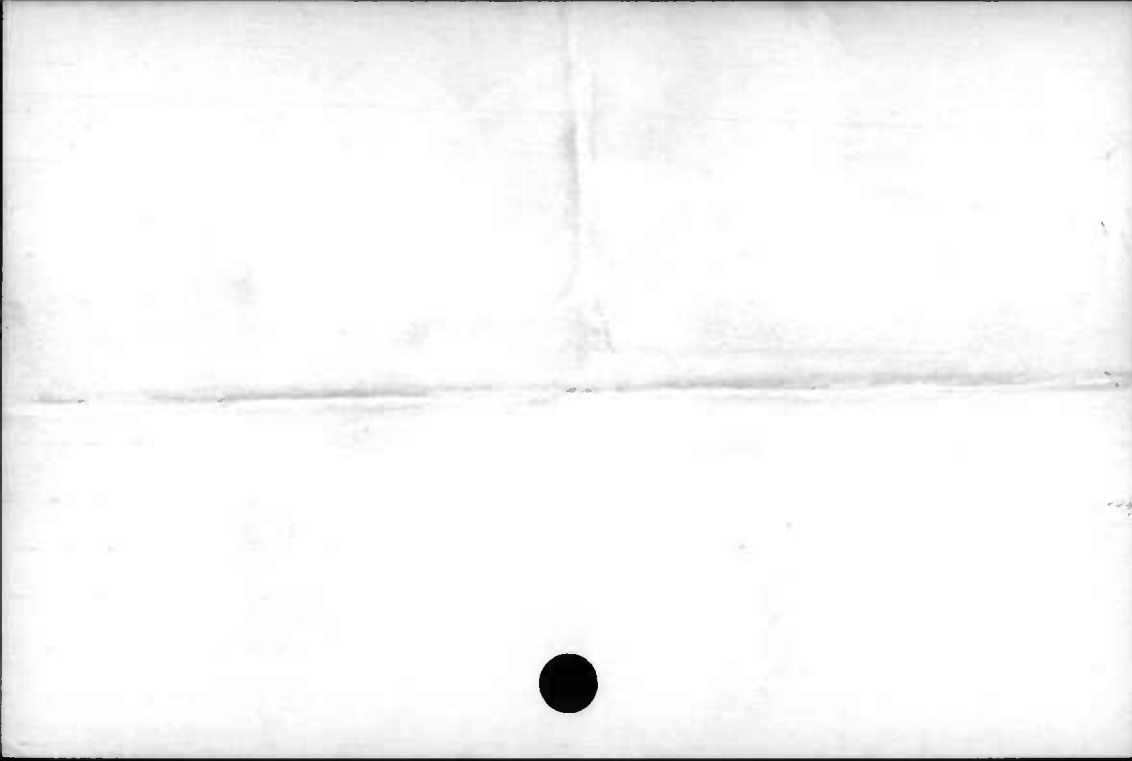
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bridgetown</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct-</i>	Day <i>4th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i> Days <i>1</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Prince Geo Co Md</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>child</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm Butler</i>			Father's Birthplace <i>M-d</i>		
Mother's Maiden Name <i>Josephine Bingham</i>			Mother's Birthplace <i>M-d</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Umbilical Hemorrhage</i>	How long <i>16 hours</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jos. M. Parker M.D.</i>
	Address <i>Rose Croft. Md</i>
Accident or Suicide?	



Name
in
Full

Benjamin Garrol

CERTIFICATE OF DEATH

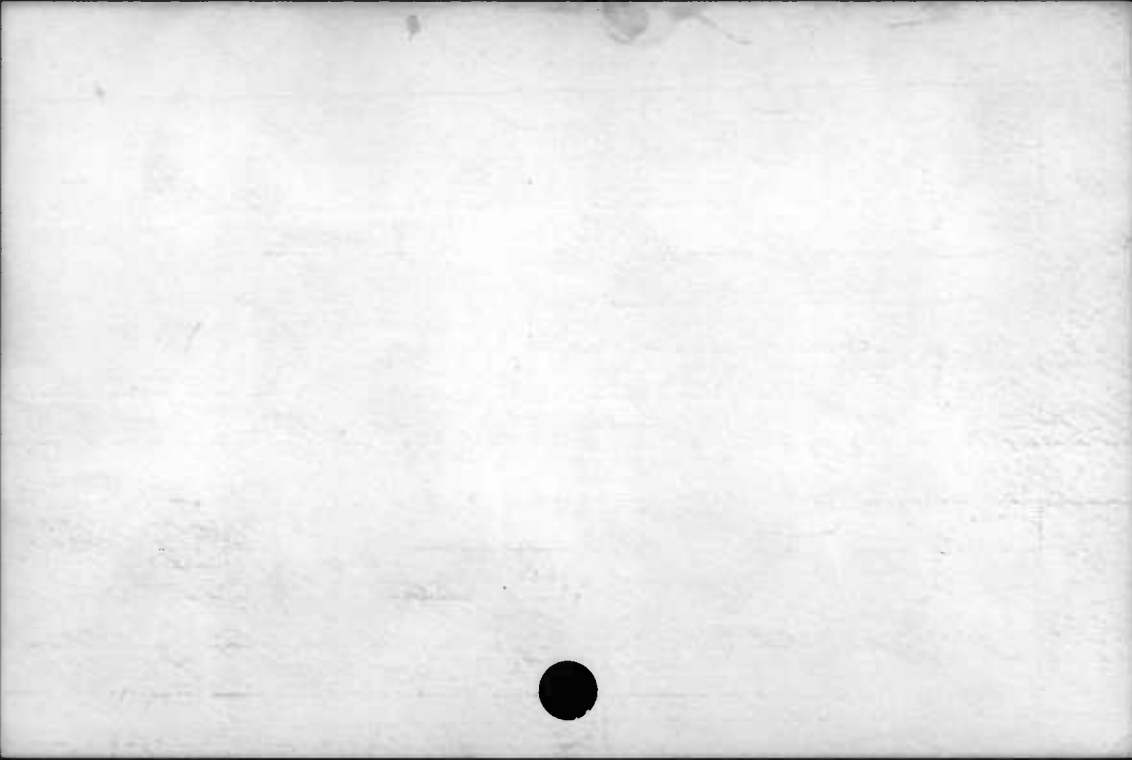
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bladensburg</i> <small>Town</small>		<i>Prince Geo.</i> <small>County</small>		MARYLAND	
Date of death 1903	<i>Oct</i> <small>Month</small>	<i>28</i> <small>Day</small>	Age <i>27</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>M d.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward Garrol</i>			Father's Birthplace <i>M d.</i>		
Mother's Maiden Name <i>Elnor Hamilton</i>			Mother's Birthplace <i>M d.</i>		
Name of person giving information <i>Eliberth Lyons</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculoes</i>	How long <i>3 mth.</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Earnest Gaseh</i>
	Address <i>Hyattsville Md</i>
<i>Attended on G-10122</i>	



Name
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Full

CERTIFICATE OF DEATH

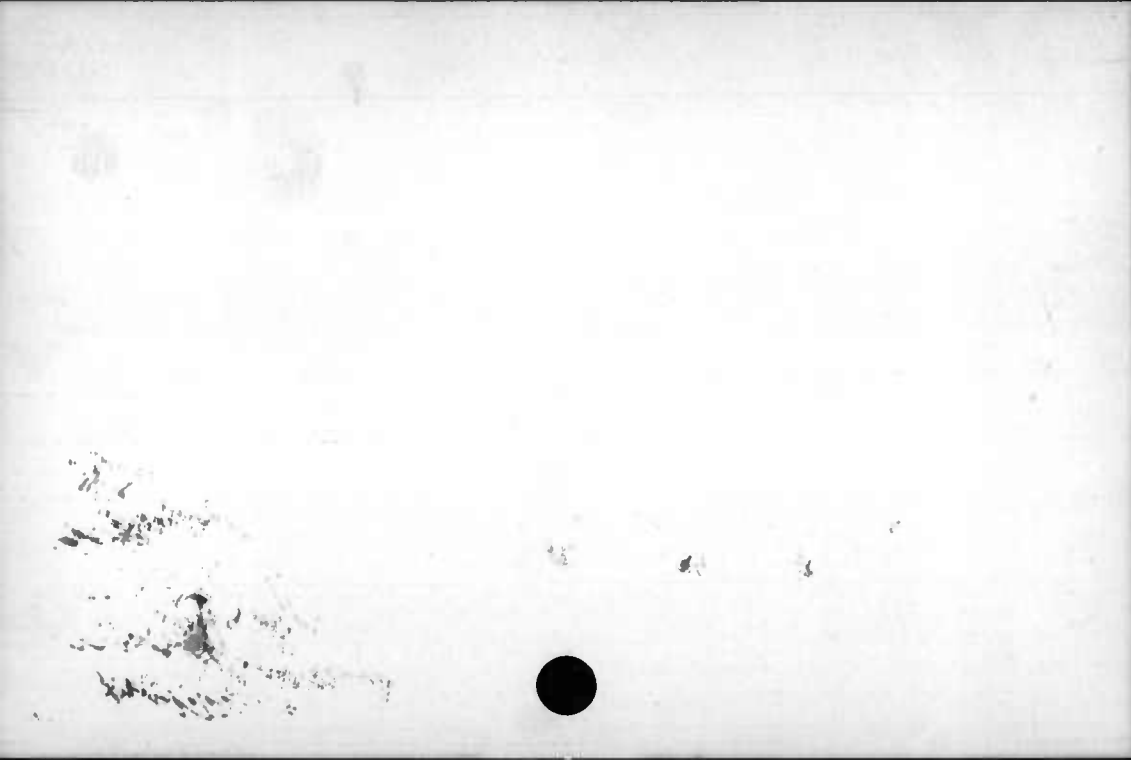
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Louis M. Carter		Town Munkuba		County Prince George		MARYLAND	
Died at		Date of death 190		Age		Months	
		0 Oct		6		2	
Sex		Color or Race		Birth-place		Days	
male		negro		Munkuba			
Married, Single or Widowed		Occupation					
Chert		—					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
John Carter				Munkuba			
Mother's Maiden Name				Mother's Birthplace			
Jenny Williams				Munkuba			
Name of person giving information				How related to deceased			
John Carter				Father			

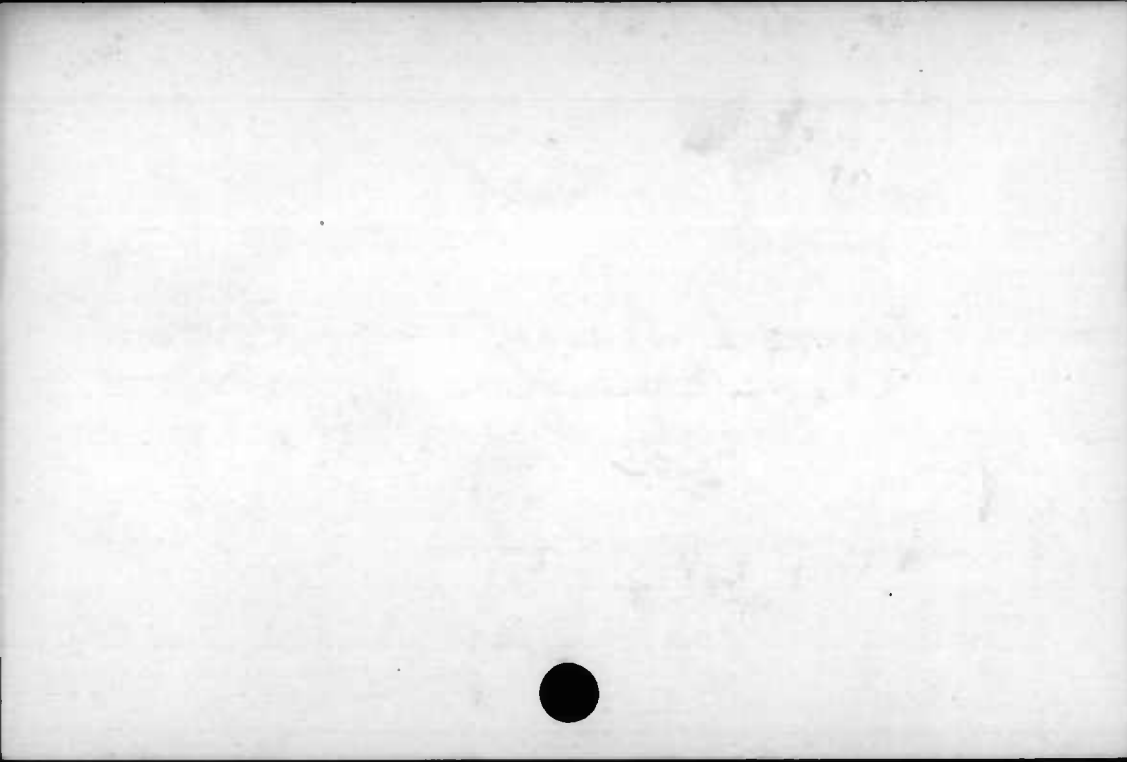
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Typhoid fever		2 weeks	
Immediate		How long	
Meningitis		4 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Th. Ryerly	
		Address	
		Laurel. Md	
Accident or Suicide?			



Name in Full		Charley Camper				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Halls		County		Prince George		MARYLAND	
		Date of death 190		3 Oct		Age		13		9 Months 19 Days	
		Sex		Male		Color or Race		Colored		Birth-place	
		Married, Single or Widowed		Single		Occupation		Farm Hand			
		Name of Wife or Husband									
		Father's Name		Charles Camper		160-		Father's Birthplace		A.A.C. Md.	
		Mother's Maiden Name		Eliza Miles				Mother's Birthplace		A.A. Co	
Name of person giving information		Chas. Camper				How related to deceased		Father			
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary				How long					
		Immediate				Train		How long			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Mauland Cowood, M.D.			
						Address		Halls, Md.			
		Accident or Suicide?									



Name
in
Full

Mary E. Coates

CERTIFICATE OF DEATH

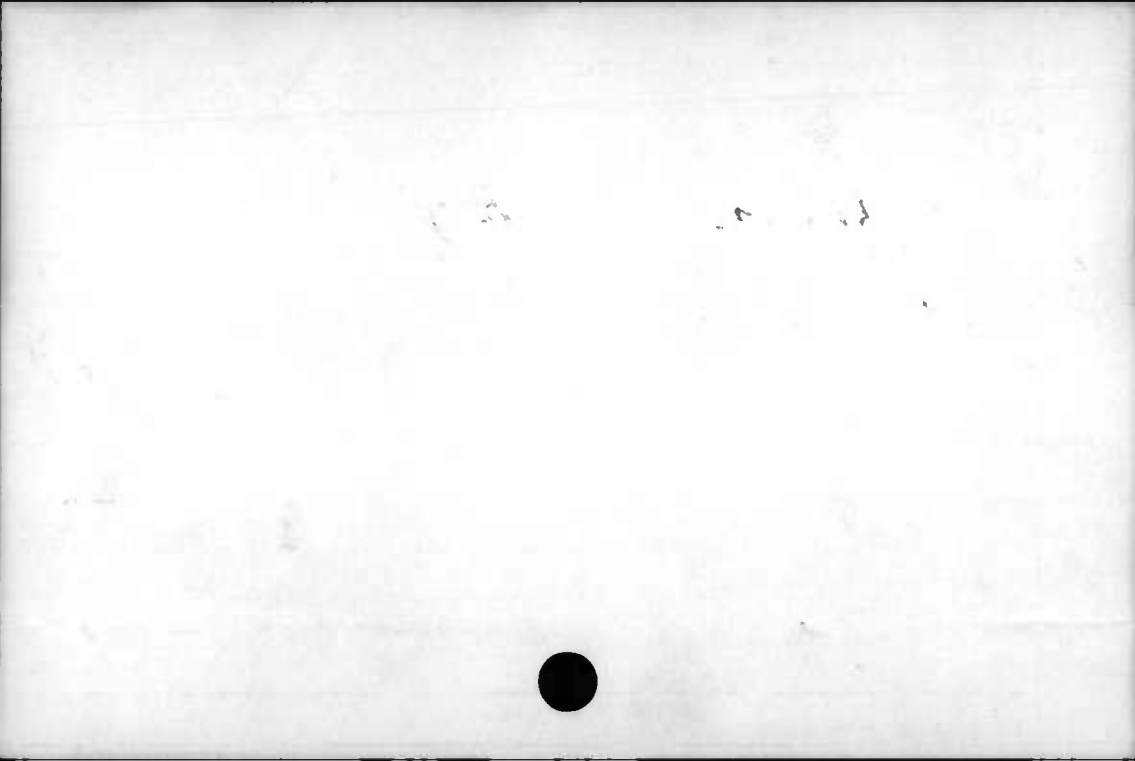
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Croom</u> Town			<u>P. Geo</u> County			MARYLAND		
Date of death 190 <u>3</u>		Month <u>Oct</u>	Day <u>21</u>	Age		Months	Days <u>7</u>	
Sex <u>Female</u>			Color or Race <u>Black</u>			Birth-place <u>P. Geo. Co</u>		
Married, Single or Widowed				Occupation				
Name of Wife or Husband								
Father's Name <u>James Coates</u>						Father's Birthplace <u>P. Geo. Co</u>		
Mother's Maiden Name <u>Laura Gant</u>						Mother's Birthplace <u>P. Geo. Co</u>		
Name of person giving Information <u>James Coates</u>						How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Mussum</u>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. H. Gibson</u>	
		Address <u>Croom Md</u>	
Accident or Suicide?			



Name

in

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Edward Dent		Town Chamans		County Prince George		MARYLAND	
Died at		Date of death 1903		Month October		Day 1st	
Age three		Years three		Months five		Days	
Sex male		Color or Race Colored		Birth-place Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Henry Dent				Father's Birthplace Maryland			
Mother's Maiden Name Gracie Williams				Mother's Birthplace Maryland			
Name of person giving Information Henry Dent				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Whooping Cough		How long nine days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Augustus H. Dahler M.D.	
Died without medical attendance		Address Bladensburg	
Accident or Suicide?		Md	

Brand

Name
in
Full

Richard Douglass

CERTIFICATE OF DEATH

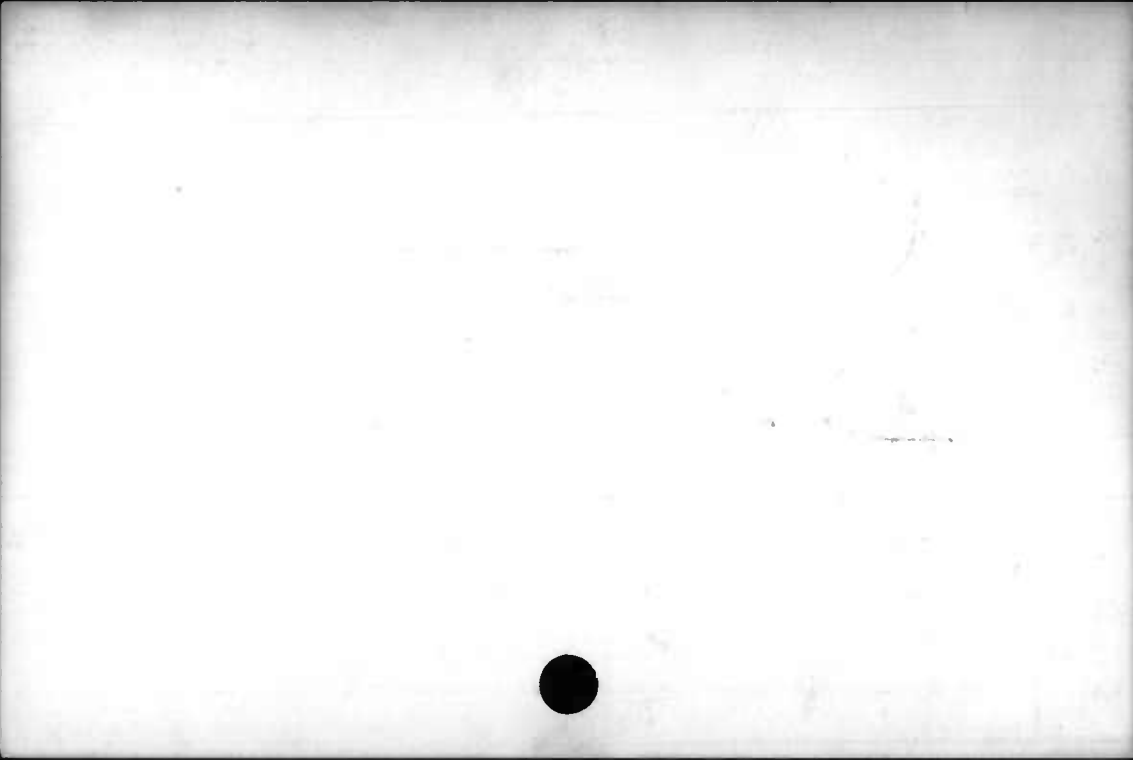
TO BE ANSWERED BY
NEAREST FRIEND

Died near <i>Aquasco</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>October</i>	Day <i>23rd</i>	Age <i>57</i>	Months	Days
Sex <i>male</i>	Color or Race <i>mulatto</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at Home</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Ellen (Hawkins)</i>			
Father's Name <i>Benjamin Douglass</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Henny Green</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Samuel Douglass</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatism Heart & liver affected</i> <i>Ascites</i>	How long <i>about a year</i>
Immediate <i>Sudden fatal syncope</i>	How long <i>Died suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Mrs. J. Marbury M.D.</i>
	Address <i>Aquasco, Maryland</i>
Accident or Suicide?	



Name
in
Full

Rebecca Domingas

CERTIFICATE OF DEATH

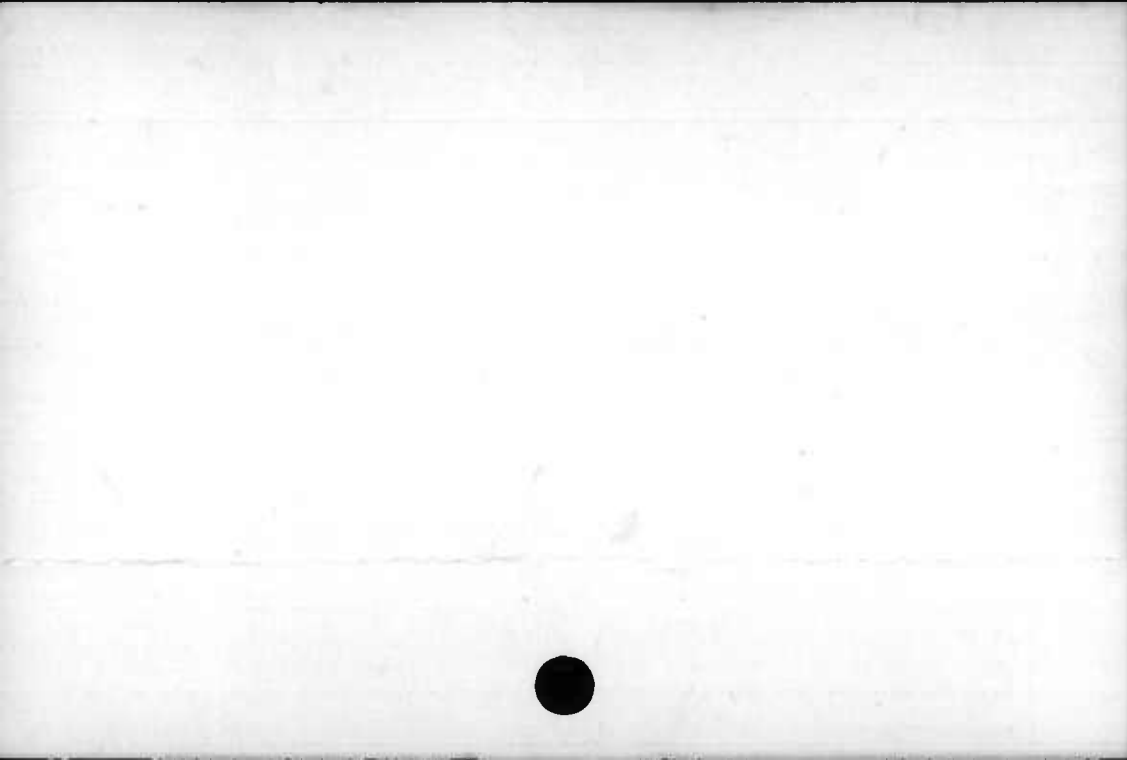
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Murrkirk		County Prince Geo		MARYLAND	
Date of death 1903		Month Oct.	Day 9	Age —		Months 18	Days —
Sex female		Color or Race black		Birth- place Md.			
Married Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Saul Domingas				Father's Birthplace Md			
Mother's Maiden Name Lattie Reese				Mother's Birthplace Md			
Name of person giving In formation Saul Domingas				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	6 months
Immediate	Aschemia	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. F. Taylor	
Address		Laurel Md	
Accident or Suicide?			



Name in Full

Certificate of Death

Chas. S. Early

Town

County

P.B.

MARYLAND

Died at

Brandywine

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1907

10

23

Age

57

3

Md

R.R. agent

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

7

~~Husband~~

of

Wife

Father's

Name

William H. Early

Mother's

Maiden Name

Sarah A. M. Stewart

Cause of

Primary

Softening of Brain

How long sick

year

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

John A. Cor M.D.

Address

P.B. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Maud Irene Ford

CERTIFICATE OF DEATH

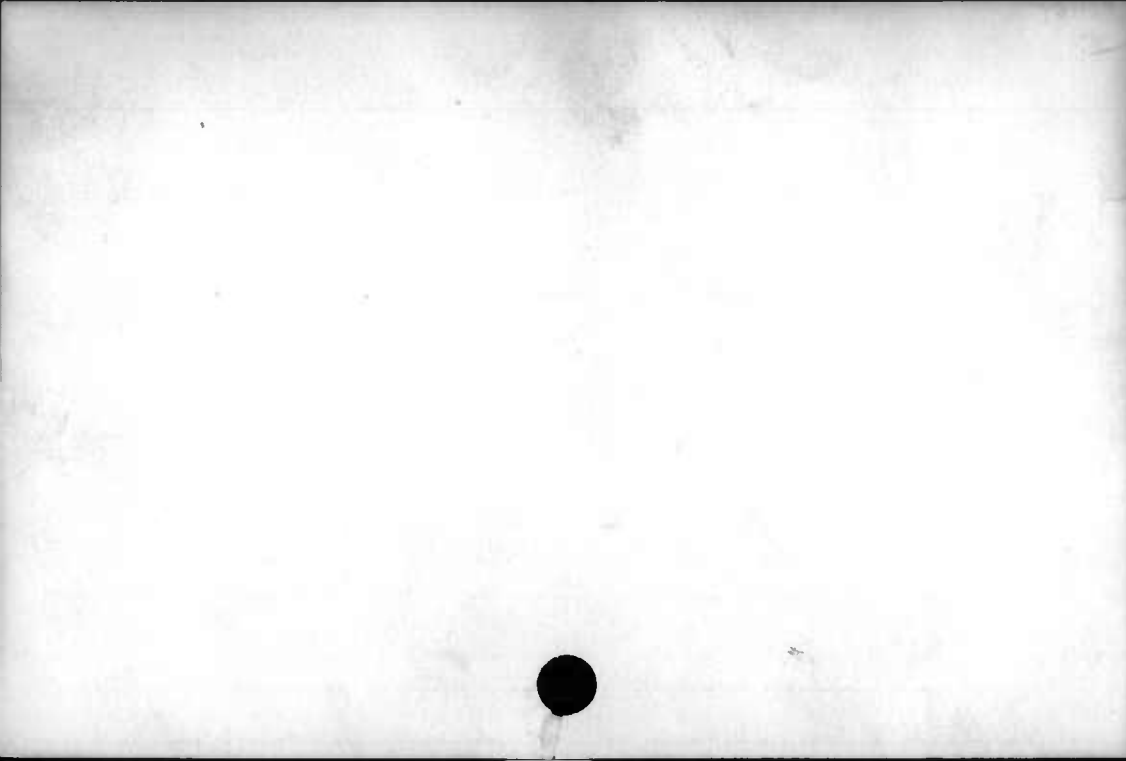
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Marlow		County Pryor		MARYLAND	
Date of death 1903	Month 10	Day 30	Age	Years 3	Months 10	Days	
Sex Female		Color or Race Colored		Birth- place Marlow			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Hopewell Ford				Father's Birthplace Md			
Mother's Maiden Name Sarah Butler				Mother's Birthplace Md			
Name of person giving In formation Reverdy Sasser M.D.				How related to deceased None			

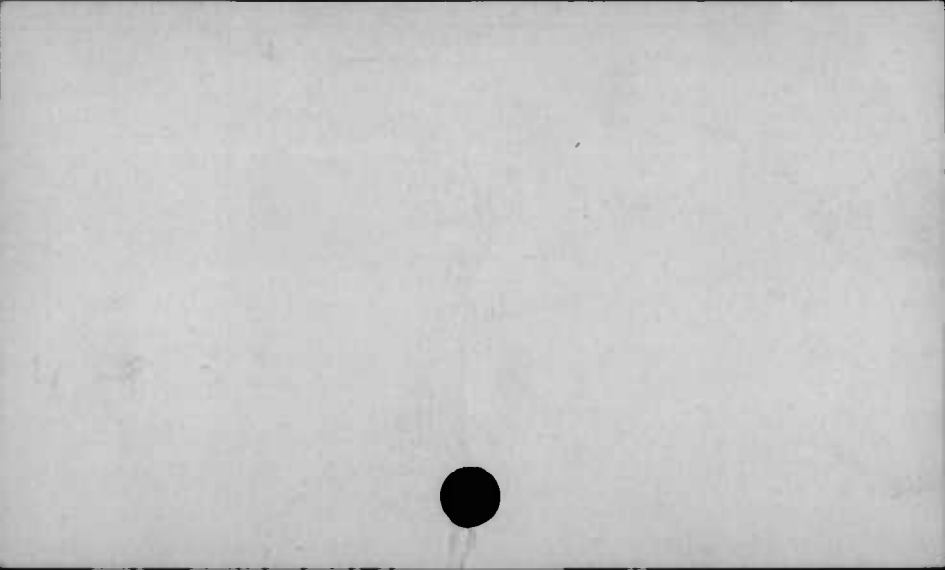
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Scurly Fever	How long	Two weeks
Immediate	Hepatitis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Reverdy Sasser	
yes		Address Upper Marlow	
Accident or Suicide?			



Name in Full		Alexander Groves		Certificate of Death	
Amsterdam		Amsterdam			
Town		County			
Died at		Prince Georges		MARYLAND	
Date 1903		Month Day		Y. M. D.	
103		Oct 7		60 -	
Male		White		Married	
Female		Colored		Single	
Widow		Divorced		Number of children living	
Widower		3			
Husband of		Matilda Groves		106	
Wife		Mother's		Don't know	
Father's Name		Maiden Name		Don't know	
Cause of		Primary		How long sick	
Death		Immediate		3 weeks	
Reported by		B. A. Jones		Accident, Suicide, Homicide	
Address		Lithuania			
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.					



Name
in
Full

CERTIFICATE OF DEATH

Alice Hestetter

Town

County

MARYLAND

Died at

Fiscatanaway

Tr. Co.

Date

Month

Day

Years

Months

Days

of death 1903

11

13

Age

32

Sex

Female

Color or
Race

White

Birth-
place

Md.

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

Joseph Hestetter

Father's
Birthplace

Pa

Mother's
Maiden Name

Sophie Gaitner

Mother's
Birthplace

Pa

Name of person giving
In formation

Milton C. Hestetter

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Tuberculosis of Lungs

How long

2 yrs.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

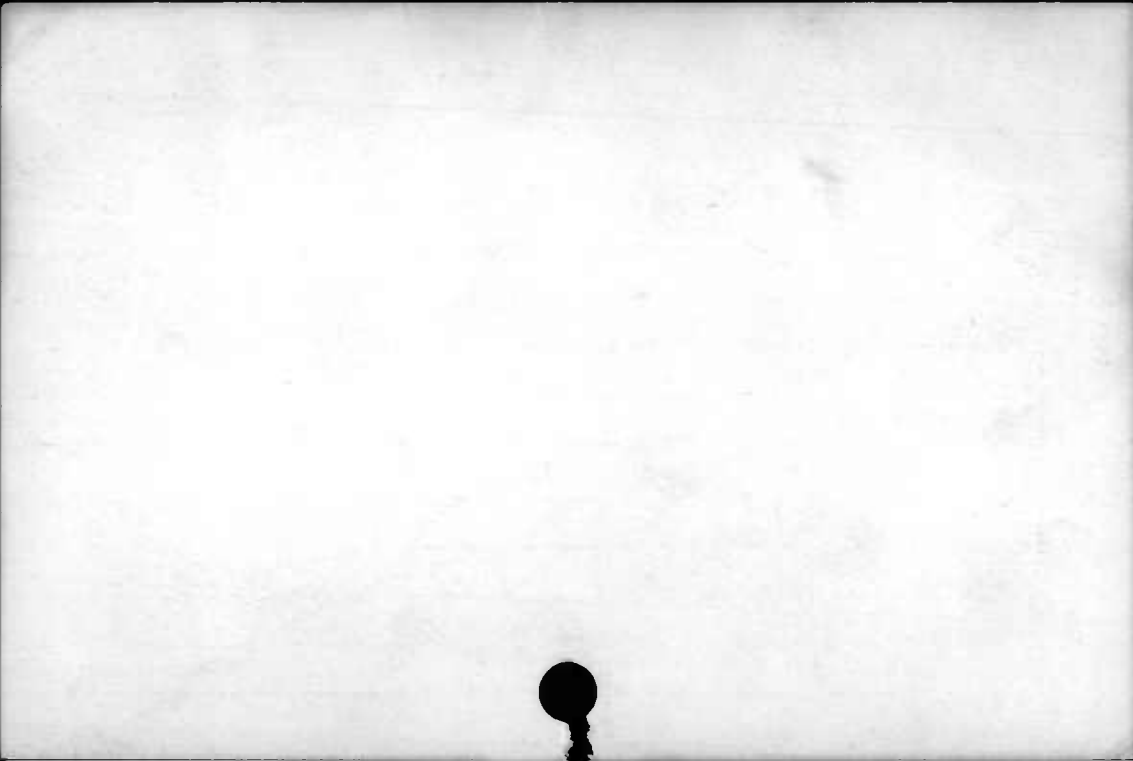
Signature of
Physician

Address

E. L. Hestetter
Fiscatanaway Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Mary Johnson

Town

County

Cradanville

Pr. Geo

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1908

10

21

Age

22

md

~~Male~~~~White~~

Married

~~Widow~~

Divorced

Female

Colored

SingleWidower

Number of children living

29

~~Huband~~ of

Wife

James Johnson

Father's

Mother's

Name

Henry Slyn

Maiden Name

Celia

Cause of

Primary

Intestinal (Intestinal)

How long sick

6 hr

Death

Immediate

Asphyxia

Accident, Suicide, Homicide

Reported by

John A. Coz, M.D.

Address

J.B.

Incl

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73888



Name in Full		Elias Keub				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Myattsville		County Prince Georges		MARYLAND	
	Date of death	1903	Month Oct	Day 1	Age 61	Years —	Months —
	Sex	Male		Color Race	White		Birth-place Und
	Occupation	Laborer			Where Residing if not at place of death		
	Married, Single or Widowed	Married		Name of Wife or Husband Maria Keub			
	Father's Name	George Keub				Father's Birthplace	Und
	Mother's Maiden Name	Wonglass				Mother's Birthplace	Und
Name of person giving Information	Maria Keub				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Valvular Heart Disease				How long	Six months
	Immediate	Dropsy				How long	2 months
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Chas. A. Allen		
					Address Myattsville Und		
Accident or Suicide?							

13. Laden

Benjamin C. Kuehling

Died at ^{Town} Brentwood ^{County} Prince George MARYLAND

Date 1903 Oct 2 Age 50 - - D.C. Occupation Electrician

Male Male white Married Widow Divorced
Female white Colored Married Widower Number of children living 6

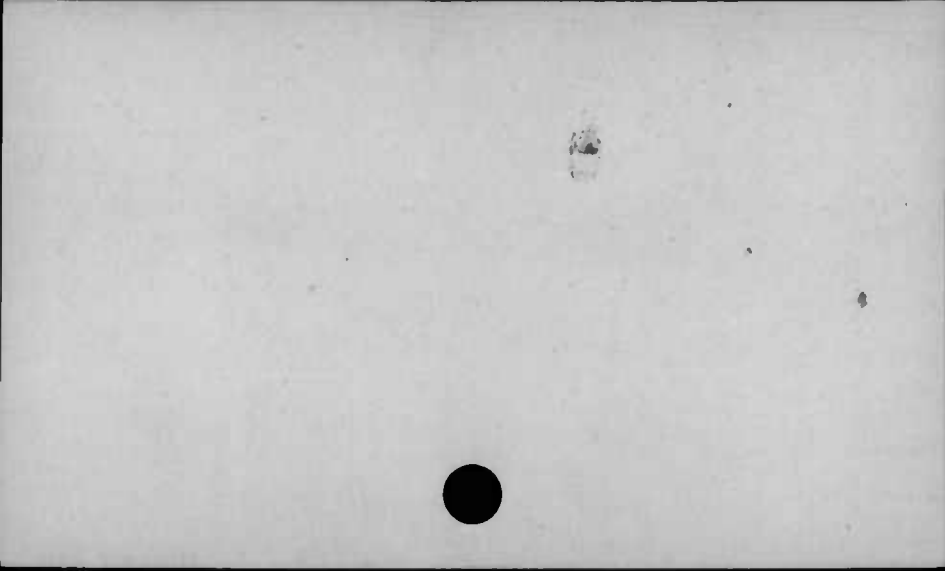
Husband of Mathie E Kuehling

Wife
Father's Name ? Mother's Name ?
Maiden Name ?Cause of Primary Valvular Disease of Heart How long sick one year!
Death Immediate Cardiac Insufficiency Accident, Suicide, Homicide

Reported by Dr. L L Friedrich

Address 329 Capitol St. Washington D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Marlboro</u> ^{Town}		<u>Pr Geo</u> ^{County}		Lee	
Date of death 190 <u>3</u>	<u>Oct</u> ^{Month}	<u>20</u> ^{Day}	Age <u>—</u> ^{Years}	Months <u>—</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Marlboro.</u>			
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Unknown</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Lee</u>			Mother's Birthplace <u>Pr Geo</u>		
Name of person giving information <u>Louisa Jackson</u>			How related to deceased <u>Underwife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>None</u>
	Address 
Accident or Suicide?	



Name
in
Full

Charles G. Linthicum

CERTIFICATE OF DEATH

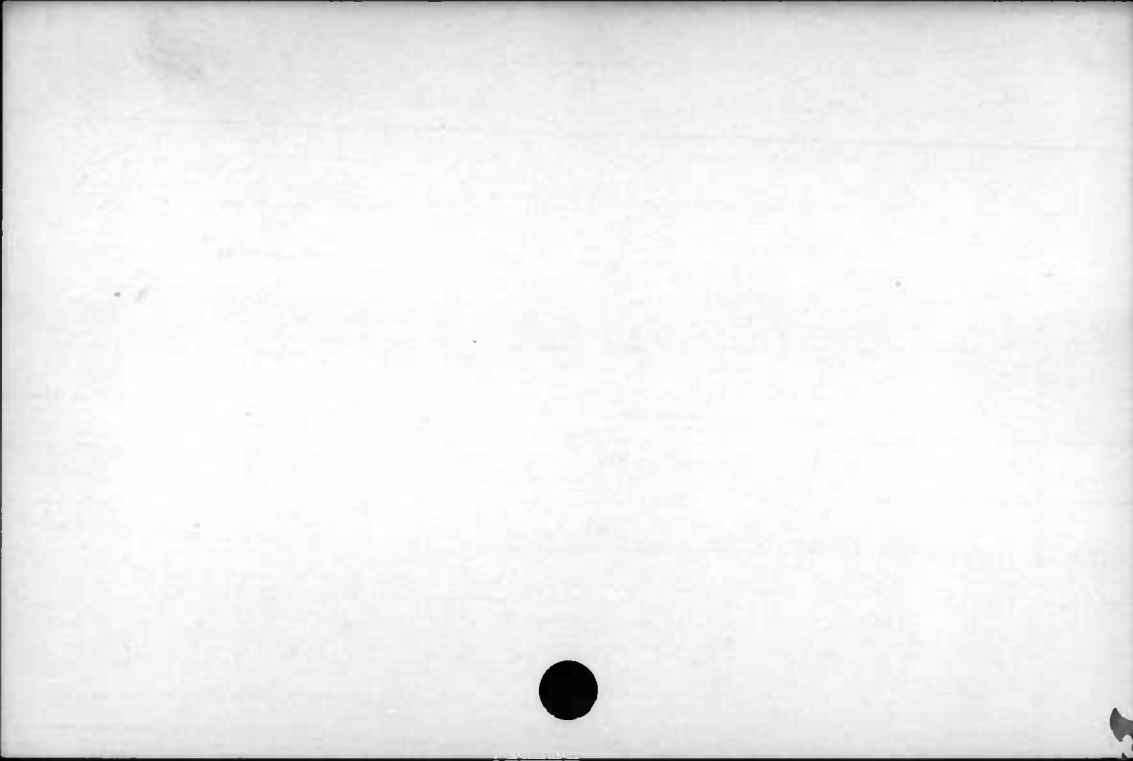
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Branchville</i>		Town		<i>Prince Geo</i>		County		MARYLAND	
Date of death 1903	Month <i>Oct</i>	Day <i>26</i>	Age	Years <i>76</i>	Months	Days			
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>						
Married, Single or Widowed <i>Married</i>			Occupation <i>Retired Minister</i>						
Name of Wife or Husband <i>Elizabeth Ann Linthicum</i>									
Father's Name <i>David Ann</i>			Father's Birthplace <i>South Carolina</i>						
Mother's Maiden Name <i>" "</i>			Mother's Birthplace <i>" "</i>						
Name of person giving information <i>Son</i>			How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>2 or 3 days</i>
Immediate <i>" "</i>	How long <i>" " "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C A Ash</i>
	Address <i>Branchville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Roderick M. McGregor

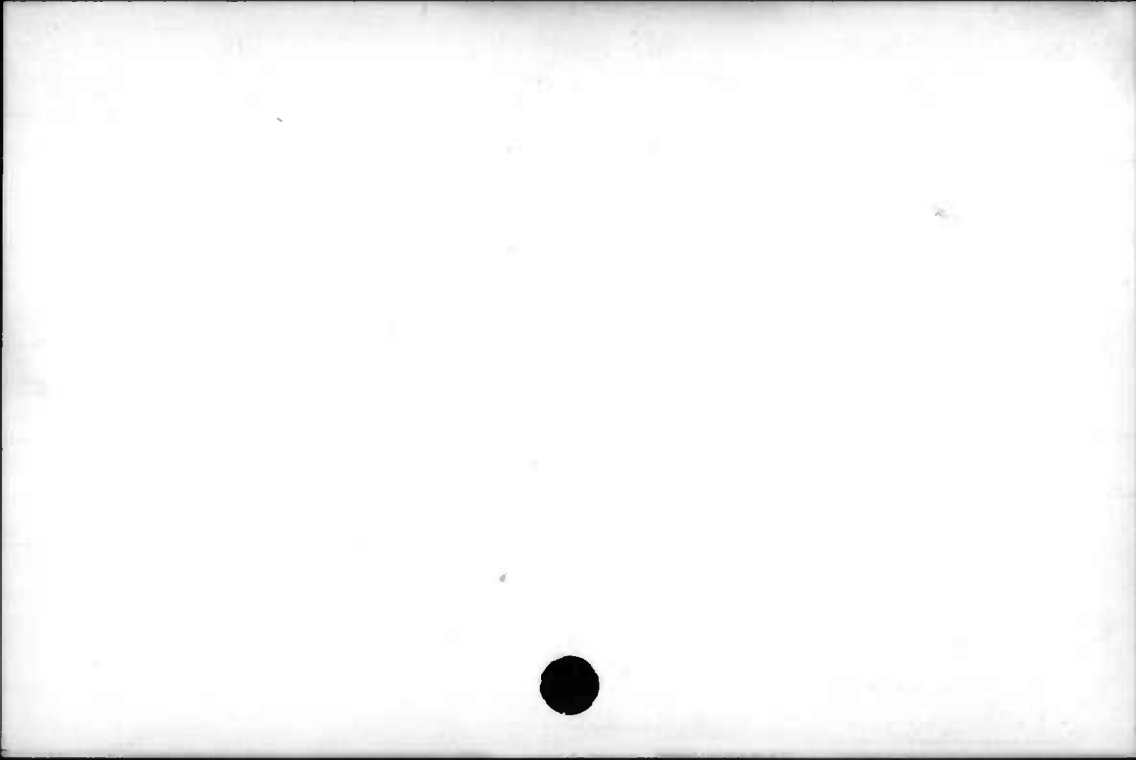
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Forestville</u> <small>Town</small>		<u>Prince George</u> <small>County</small>		MARYLAND	
Date of death <u>1903</u>	<u>Oct</u> <small>Month</small>	<u>21</u> <small>Day</small>	Age <u>60.</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>md</u>			
Occupation <u>Surveyor</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Margaret M. McGregor</u>				
Father's Name <u>Nathaniel M. McGregor</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>				
Name of person giving Information <u>Albert M. McGregor</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Meningitis</u>	How long <u>3 days</u>
Immediate <u>General paralysis</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. S. Salsbury</u>
	Address <u>Forestville md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Hoses Mathues

CERTIFICATE OF DEATH

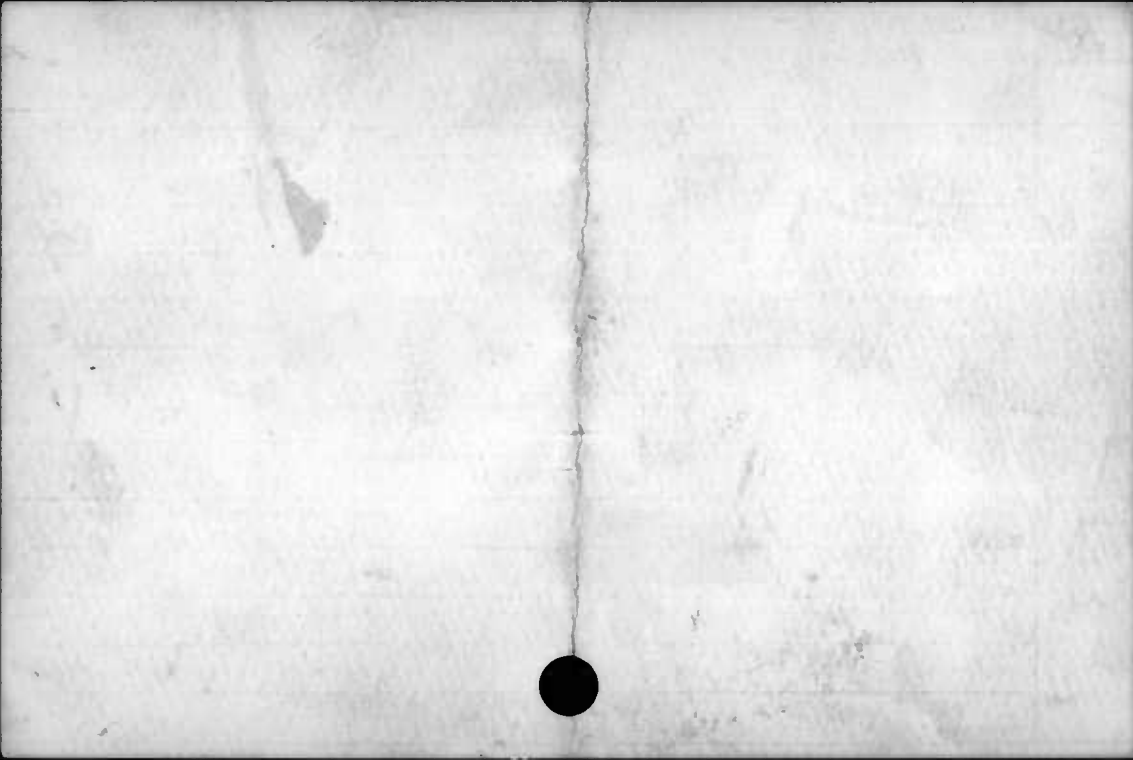
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sauvel</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death 1903	Month <i>Oct</i>	Day <i>24</i>	Age <i>56</i> Years	Months	Days
Sex <i>male</i>		Color or Race <i>Colord</i>		Birth-place	
Married, Single or Widowed <i>married</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>Mary E Mathues</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Mary E Mathues</i>				How related to deceased <i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Cordum Stricture</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>h</i>	Signature of Physician <i>J W Byler</i>
	Address <i>Sever</i>
Accident or Suicide?	



Name
in
Full

Virginia Reuben Penn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Farmington</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>10</i>	Day <i>30</i>	Age <i>—</i> Years	Months <i>4</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Alexandria, Va</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Penn</i>			Father's Birthplace <i>Charles Co</i>		
Mother's Maiden Name <i>Agnes Coombes</i>			Mother's Birthplace <i>Charles Co</i>		
Name of person giving information <i>John Penn</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Acute Gastritis</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry H. Haller</i>
	Address <i>Pennsylvania Ind</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John Simmes*
Meadows Town *Pr. Geo.* CountyDate of death 190 *3* Month *Oct* Day *26* Age *79* Years Months *—* Days *—*Sex *Male* Color or Race *Negro* Birth-place *—*Married, Single or Widowed *Married* Occupation *Gardner*

Name of Wife or Husband

Father's Name *David Simmes* Father's Birthplace *—*Mother's Maiden Name *—* Mother's Birthplace *—*Name of person giving information *John Simmes Jr* How related to deceased *Son*

CAUSES OF DEATH

Primary *Asthma* How long *53 yrs*Immediate *Died suddenly on 10-26-1903* How long *—*

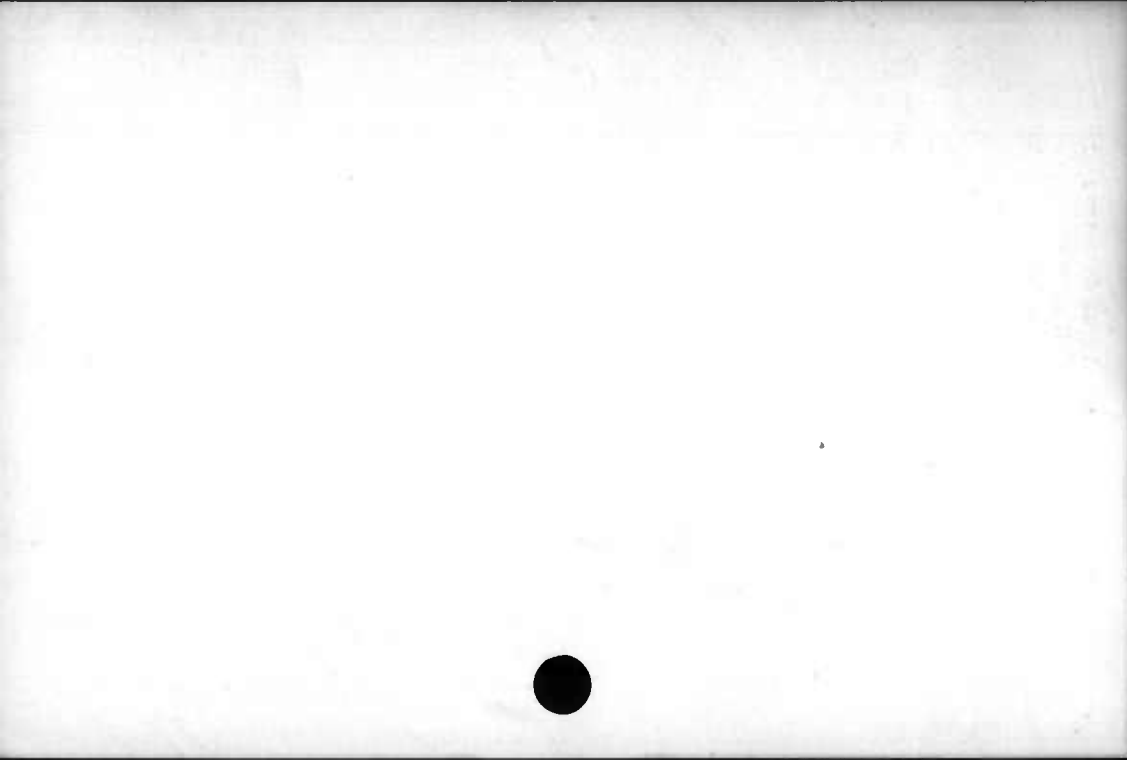
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jefferson S. Smith

Town

County

Died at Hyattsville

Prince George

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

Oct.

20

Age

52

Sex

male

Color or
Race

White

Birth-
place

Occupation

Composer

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Sarah E. Smith

Father's
Name

John M. Smith

Father's
Birthplace

Va.

Mother's
Maiden Name

Sarah Rebecca Wallis Campbell

Mother's
Birthplace

Va.

Name of person giving
Information

J. D. Smith

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Yellow Atrophy of Liver
& pneumonia

How long

6 months

Immediate

How long

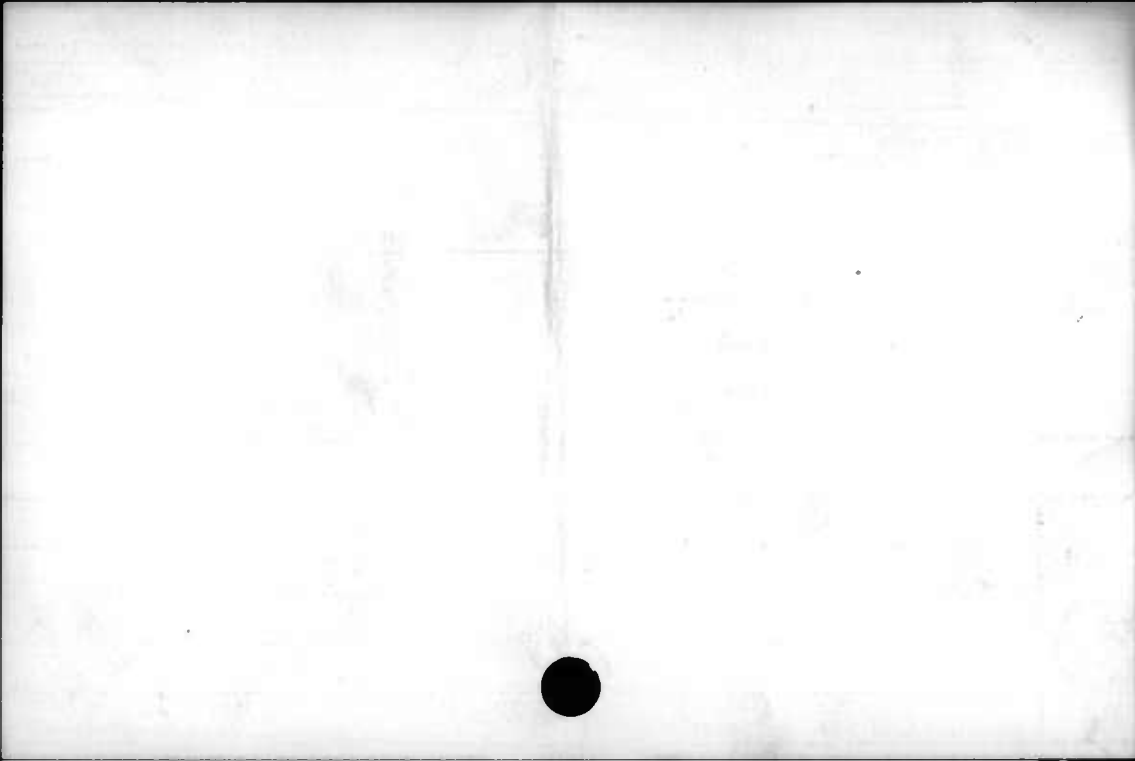
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

G. Richardson
Hyattsville
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

James Edward Hall

CERTIFICATE OF DEATH

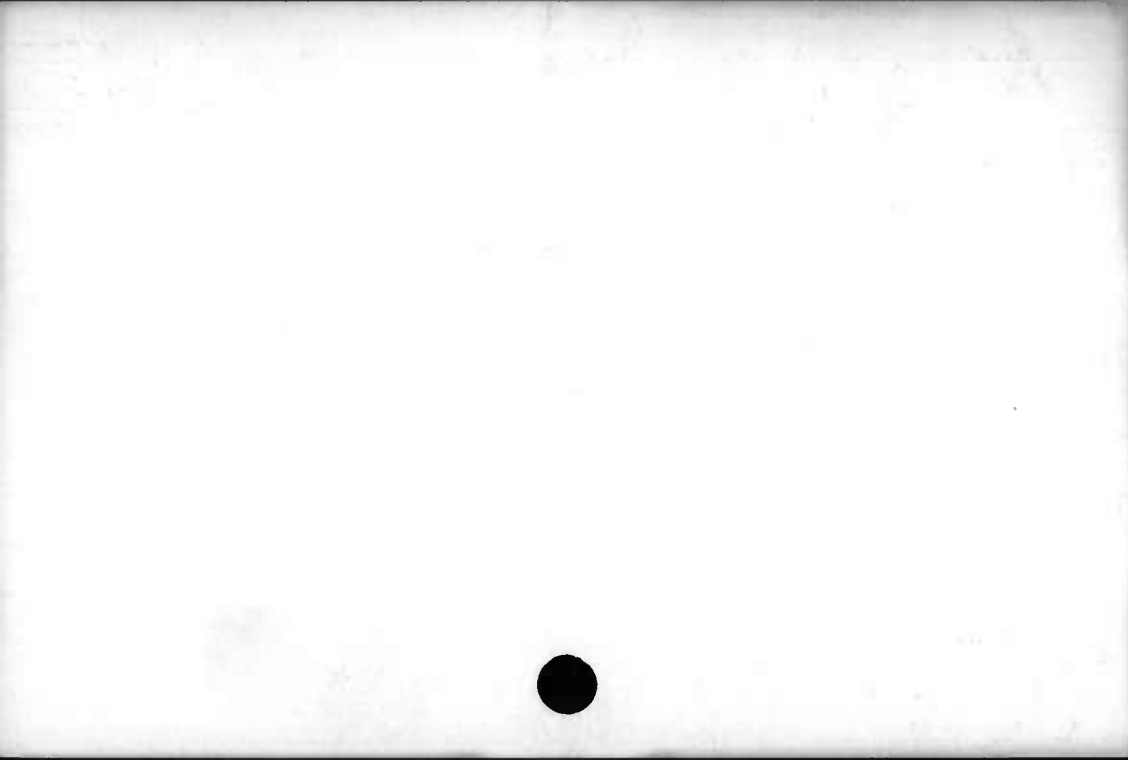
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Collington		Prince		George			
Date of death	1903	Month	Oct	Day	25	Age	Years
						Months	11
						Days	7
Sex	Male		Color or Race	Colored		Birth-place	Maryland
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			John Hall			Father's Birthplace	
						Maryland	
Mother's Maiden Name			Mary Diggs			Mother's Birthplace	
Name of person giving Information			John Hall			How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Convulsions	How long	5 mos.
Immediate	"	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		A. R. Walker, M.D.	
Address		Mitchellville, Md.	
Accident or Suicide?			



Name
in
Full

Ada Washington

CERTIFICATE OF DEATH

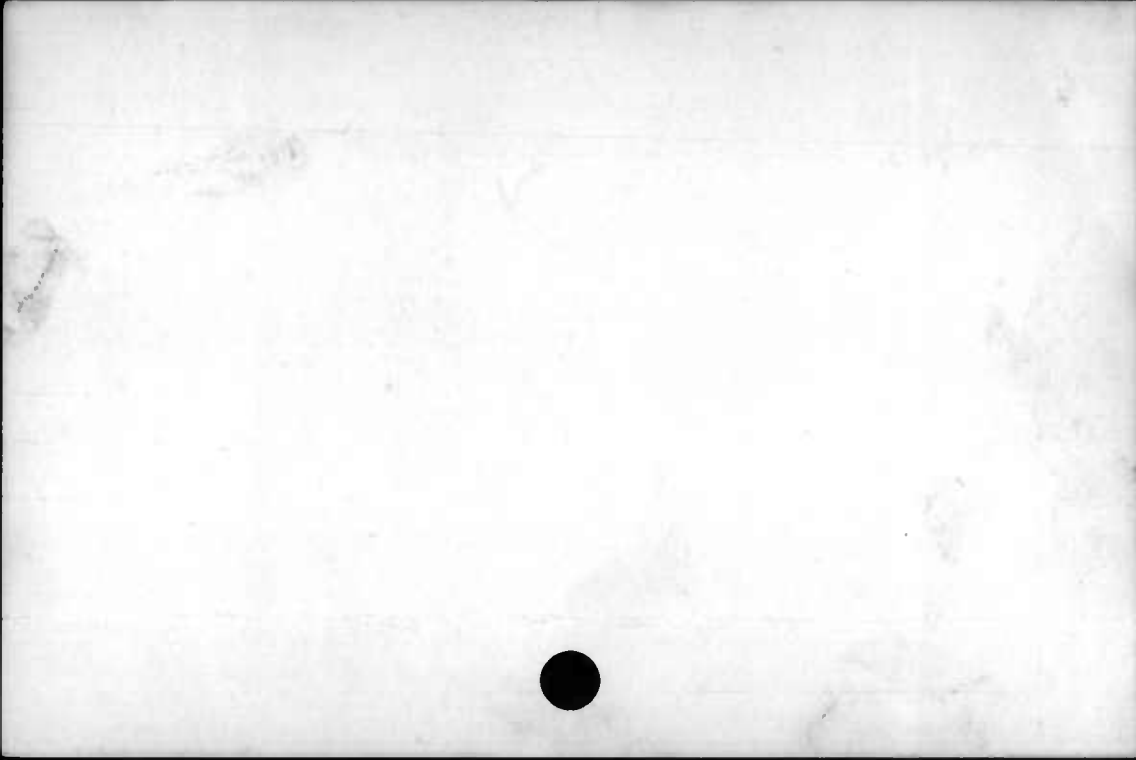
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Crown		County Pr Geo		MARYLAND	
Date of death	1903	Month Oct	Day 9	Age 6	Years	Months	Days
Sex	Female		Color or Race	Black		Birth- place	Pr Geo
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Moses Washington		7	
Mother's Maiden Name				Agnes Hager		7	
Name of person giving In formation				James Hager		How related to deceased	
						Nucle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Scarlet Fever		How long	Dark/known
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Ed. H. Gibbons		
		Crown Md		
Accident or Suicide?				



Name
in
Full

Francis Whalen

CERTIFICATE OF DEATH

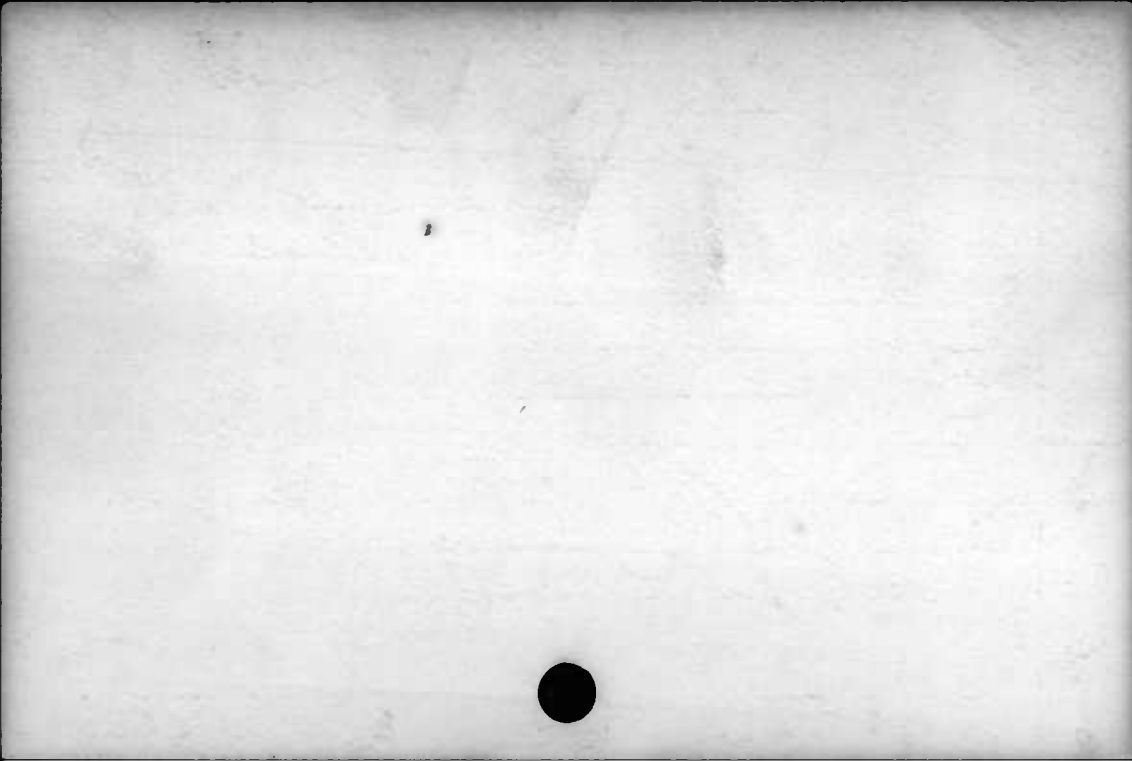
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>oct</i>	Day <i>17</i>	Years <i>25</i>	Months	Days
Sex		Color or Race		Birth-place	
Married, Single or Widowed <i>don't know</i>		Occupation			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Tuberculosis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Earnest Gasch</i>
	Address <i>Hyattsville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyattsville</i> <small>Town</small> <i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct.</i>	Day <i>4</i>	Age <i>92</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Virginia</i>	Months <i>7</i> Days <i>26</i>
Occupation <i>none</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Wm. Lee Young</i>		
Father's Name <i>Don't know M. Lee</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Margaret Lee</i>	Mother's Birthplace <i>Mass -</i>		
Name of person giving Information <i>Annie Livingston daughter</i>	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Genil debility aged 44 =</i>	How long
Immediate <i>inunction from old age</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Richard M. D.</i>
	Address <i>Hyattsville Md.</i>
Accident or Suicide?	

